Pay for Only Enrolled

FY2027 MONTHLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2026 - June 30, 2027

Full-time Employee (30 - 40 hours per week)

Employer Medical (No HSA): $1,437.14 **Employer Dental: $26.76**

Employer Medical (HSA Single): $1,395.48 and $41.66 HSA Contribution

Employer Medical (HSA Family): $1,353.82 and $83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	$70.74	$215.04	$121.88	$192.64	$263.54	$353.10
Traditional	$108.00	$334.80	$186.22	$299.62	$411.08	$551.80
High Deductible	$0.00	$52.16	$18.00	$44.08	$69.72	$102.10
Dental	$12.08	$38.72	$37.56	$74.76	$64.18	$109.40

Part-time Employee (20 - 29.9 hours per week)

Employer Medical (No HSA): $1,173.00 **Employer Dental: $21.40**

Employer Medical (HSA Single): $1,131.34 and $41.66 HSA Contribution

Employer Medical (HSA Family): $1,089.68 and $83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	$163.52	$497.12	$281.74	$445.32	$609.22	$816.26
Traditional	$249.68	$773.98	$430.48	$692.62	$950.30	$1,275.58
High Deductible	$36.50	$157.06	$78.12	$138.40	$197.66	$272.52
Dental	$13.78	$44.16	$42.84	$85.28	$73.22	$124.80